



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E260008**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-01843
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	EARTH BANK OR LEDGE

TRIBAL RESERVATION				
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	07 - 29 - 2013	0035	31	
N S	E W	IN OF	0664	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
LAKEVIEW DRIVE	BLOCK NO. <input checked="" type="checkbox"/>	10800
MILE POST		

DISTANCE	5 00	MILES	N S	E W	OF (REFERENCE OR CROSS STREET)
					MADRONA LANE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 2088162878
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LAST NAME	ISBELLE	FIRST NAME	RYAN	MIDDLE INITIAL	J
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STREET (NEW ADDRESS)	17532 SMOKEY PT BLVD SP. #57
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CITY	ARLINGTON	ST	WA	ZIP	98223
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	ISBELRJ134OR	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	09	19	1987
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AJP7539	STATE	WA	VIN#	1G1JC524127188863
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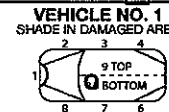
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2002	MAKE	CHEV	MODEL	CAVALI	STYLE	4T	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	ANGEL TOW	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER	
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 900702648
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253341012
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LAST NAME	CITY OF	FIRST NAME	LAKE STEVENS	MIDDLE INITIAL	
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STREET (NEW ADDRESS)	1812 MAIN STREET
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	MMDDYYYY			
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG		RESTR.		EJECT		HELMET USE	INJURY CLASS		NATURE OF INJURIES
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	JULIE JAMISON	BADGE OR ID #	097	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E260008**

CASE # **13-01843**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)											
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #		SEX		D.O.B. MMDDYYYY							
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	
NAME (LAST, FIRST, MIDDLE INITIAL)		SEX		D.O.B. MMDDYYYY							
ADDRESS & PHONE #		SEX		D.O.B. MMDDYYYY							
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	
NAME (LAST, FIRST, MIDDLE INITIAL)		SEX		D.O.B. MMDDYYYY							
ADDRESS & PHONE #		SEX		D.O.B. MMDDYYYY							
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	

NARRATIVE

On 07/29/13 at appr 0039 hrs I was dispatched to a one vehicle over the embankment accident on Lakeview Drive between Alder and Madrona. Upon arrival I contacted the driver and sole occupant of the vehicle Isbelle. He stated that he had dropped a cigar and was reaching for it when his vehicle drifted to the right and slipped off the roadway and partially down the embankment. He was unable to extract the vehicle from it's current position. At his request, the next rotational tow (Angel Tow) was contacted and responded to the scene. Tow pulled Isbelle's vehicle back up on to the roadway, whereupon Isbelle was able to drive the vehicle from the scene. Damage was left to greenbelt area from vehicle entry and from tow dragging vehicle across greenbelt during extraction.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

JULIE JAMISON

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

07-31-13 04:51 AM

DATED

PLACE SIGNED

APPROVED BY

JULIE JAMISON 097

DATE

7/31/2013 4:52:56 AM

BADGE OR ID # **097**

ORI #

WA0311900

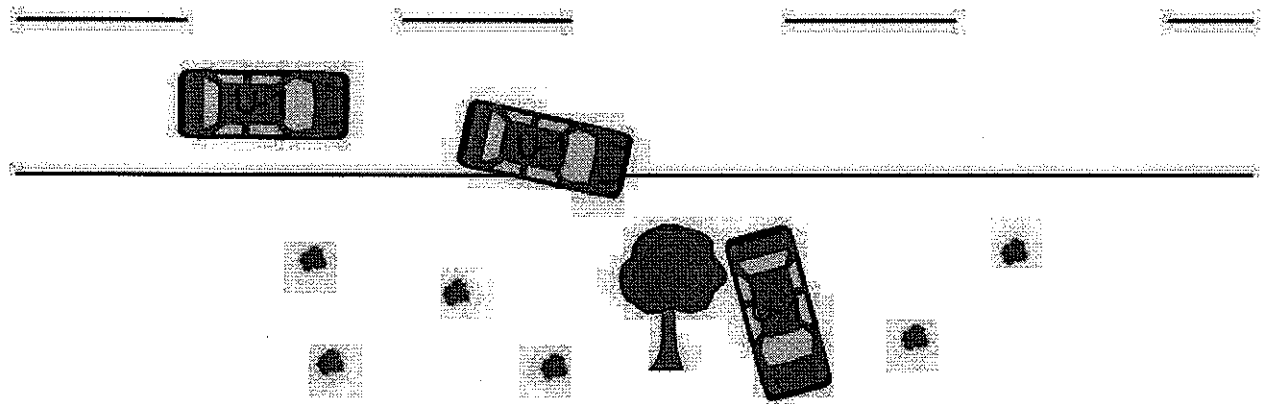
TIME POLICE DISPATCHED **12:39 AM**

TIME POLICE ARRIVED **12:42 AM**



NOT TO SCALE

10800 BLK LAKEVIEW DRIVE



Closed	07/29/13	01:55:53
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Loc: ALDER RD/LAKEVIEW DR , LKS (V)

Phone: 4253977113

/0208 ASNCAS

\$SS13001843